

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-weight: bold;">09/647458</div>	FILING DATE					
APPLICANT(S)							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		10					55						
6		10					56						
7		10					57						
8		10					58						
9		10					59						
10	1						60						
11	1						61						
12		1					62						
13		1					63						
14		10					64						
15		10					65						
16		10					66						
17		10					67						
18		10					68						
19		10					69						
20		10					70						
21		10					71						
22		10					72						
23		10					73						
24		10					74						
25		10					75						
26		10					76						
27		10					77						
28		10					78						
29		10					79						
30		1					80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	27						TOTAL DEP.						
TOTAL CLAIMS	30						TOTAL CLAIMS						